Situational Analysis grant of Lymphoedema and adenolymphangitis (ADL) in Northeastern Nigeria

Procedures for health facility-based management of lymphoedema and adenolymphangitis (ADL) have proved very effective in some countries. Unfortunately, in resource-poor communities of Africa where health facilities are few, overburdened, and inaccessible, an alternative approach is required. Community-based care (CC), patient care (PC) and health facility care (HC) approaches were compared.

In the CC arm, communities were required to select one of their members for caregiving to its affected members, while in the PC, participants were allocated to groups under a leader with responsibility for caregiving to group members.

In HC, care was given by the nearest health facility. Caregivers from the three arms were trained and supplies were kept at the local government health office.

In the sixth month of intervention, 325 lymphoedema and adenolymphangitis patients were recruited into the study as participants. Within 12 months, compliance with hygiene practices increased from 29.4% to 62.6% and ADL episodes declined from 43.1% to 4.4% in the community designs arm and the cost on the health system was minimal.

However, in the patient and health care arms, compliance and accessibility to supplies was severely affected by poor coordination, delay in resource collection leading to very minimal effect on lesions, odour, ADL frequency and duration. Participants abandoned the health facilities after the second visit. Community care approach was more culturally acceptable and effective for the management lymphoedema and ADL than other approaches.

Partners: World Health Organisation

Source: Management of adenolymphangitis and lymphoedema due to lymphatic filariasis in resource-limited North-eastern Nigeria – ScienceDirect